

KENTUCKY BOARD OF PHARMACY
23 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
(502) 573-1580

PHARMACIST'S LICENSE RENEWAL APPLICATION

Enclose check or money order for \$90.00 (\$80.00 + \$10.00 preceptor fee), made payable to "Kentucky State Treasurer."
Return this entire application, properly completed, to the Kentucky Board of Pharmacy no later than February 28th. KRS 315.110(3) requires a pharmacist to possess a current renewal pocket certificate at all times when a pharmacist is engaged in the practice of pharmacy.

Incomplete or unsigned applications will be returned. Corrections and additions to the information indicated are to be legibly printed or typed

License No : _____

Preceptor

Home Telephone: _____

E-Mail Address: _____

Pharmacy/Business Name: _____

Address: _____

Pharmacy/Business Telephone: _____

YOUR APPLICATION FOR RENEWAL WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY EXPLANATION REQUIRED IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED

A. Have you ever been convicted of any law relating to the practice of pharmacy, drugs, or controlled substances which you have not previously reported to this Board?

___ YES, attach an explanation

___ NO

B. Have you been refused licensure or relicensure by any Board of Pharmacy which you have not previously reported to this Board?

___ YES, attach an explanation

___ NO

C. Have you had a Pharmacist or Pharmacy License/Permit surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy which you have not previously reported to this Board?

___ YES, attach an explanation

___ NO

D. I have completed the CE requirements necessary for renewal in Kentucky or the state in which I presently practice.

___ YES

___ NO, attach an explanation

E. I would like to have the option to renew my license through the internet in the future

___ YES

___ NO

I certify that I am not in default nor have I received notice of being in default of any Insured Student Loan under the Federal Family Educational Loan Program (FFELP) that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A pharmacist who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing renewal of a license is subject to disciplinary action pursuant to KRS 315.121. (1) (e).

Date

Signature

KENTUCKY BOARD OF PHARMACY

PHARMACIST'S LICENSE RENEWAL

Instructions and useful information concerning the Pharmacist's license renewal:

_____ **COMPLETE AND SIGN** the application and return it to the Board office so that it is **RECEIVED** by the Board no later than February 28th, and within sufficient time to enable the Board to process your renewal so that you have in your possession a current pocket card when practicing pharmacy.

_____ A \$90.00 (\$80 + \$10 preceptor fee) check made payable to the Kentucky State Treasurer must be enclosed.

_____ **PRECEPTORS** : If the word "Preceptor" appears on this application immediately to the right of your name, your \$90 check will already include the additional \$10.00 preceptor fee

_____ Pharmacists seeking to serve as preceptors, but not yet certified, must have been licensed in Kentucky for not less than one year and must submit a written request and the \$10.00 fee.

_____ **DO NOT** submit proof of continuing education (CE) with your renewal.

_____ Pharmacists newly licensed by examination during the last year are exempt from that year's CE requirements.

_____ Pharmacists who have undergone a name change and who request their license to be issued in a name other than that provided for in their original application or pursuant to a subsequent request for a name change are required to provide a certified copy of legal documentation of the name change. Legal documentation includes a marriage certificate, a divorce decree or other judgement of a court of competent jurisdiction